

**U.S. MISSION SUVA
APPLICATION FOR FOREIGN NATIONAL
STUDENT INTERN PROGRAM
(PUBLIC DIPLOMACY OFFICE)**

1. FULL NAME: _____

LAST (SURNAME), FIRST MIDDLE

2. CONTACT DETAILS

PRESENT ADDRESS: _____

TELEPHONE NUMBER: _____

CELL PHONE NO.: _____

EMAIL ADDRESS: _____

3. Do you have any relatives that work for the Embassy/Consulate: If yes, please list name, department where they work and how long they have been employed?

4. CURRENT CITIZENSHIP: _____

5. U.S. CITIZENSHIP: Do you have any claim to U.S. citizenship? YES _____ NO _____

6. UNIVERSITY/SCHOOL/EDUCATION INSTITUTION: For each institution you have attended, provide the following information in the space below. Begin with your present school and work backwards. Use continuation sheets as necessary.

Name and full address of current institution:

Date you started University (Month/Year) _____

Diploma/Degree/Certificate: _____

Date you expect to receive your college/university degree _____

Major Field of Study: _____

7. FAMILIARITY WITH PUBLIC AFFAIRS SECTION Have you ever been to the American Center/Education USA Advising Center of the Public Affairs Section? Yes No

If yes, what impresses you most? What do you think we can do better? (2 sentences)

8. LANGUAGES: (Identify the language and indicate extent of your competence for each:

5 = fluent; 3 = good; 1 = fair; 0 = not at all)

LANGUAGE	SPEAK	READ	WRITE	UNDERSTAND
English	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. SPECIAL QUALIFICATIONS AND SKILLS: List any special skills you possess and equipment you can use, certifications, licenses obtained, etc.

11. TRAINING RECEIVED: List training received in areas applicable to the internship position in which you are applying.

12. VOLUNTEER, EMPLOYMENT OR EXPERIENCE (If applicable): Begin with your most recent position and work backwards. (Use additional pages if necessary).

A. NAME AND FULL ADDRESS OF EMPLOYER: _____

B. DATES WORKED (month/day/year): FROM _____ TO _____

C. TITLE OF POSITION: _____

D. NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

E. DESCRIPTION OF WORK (Describe specific duties, responsibilities, and accomplishments):

F. NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF EMPLOYEES YOU SUPERVISED _____

13. HAVE YOU EVER WORKED FOR THE U.S. GOVERNMENT? YES ___ NO ___

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM A POSITION? YES ___ NO ___

PLEASE EXPLAIN:

14. COMPUTER SKILLS How do you rate your computer skills (please circle):

5 = excellent; 3 = good; 1 = fair; 0 = none

List computer programs in which you have experience.

15. REFERENCES: List three persons not related to you by blood or marriage who are qualified to supply definite information regarding your character and suitability for employment under the program. Do NOT include former employers (i.e., supervisors).

NAME	MAILING ADDRESS	TELEPHONE NUMBER	OCCUPATION
1.			
2.			
3.			

16. YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.

- ☐ I understand that any information I give may be investigated and that a false statement may be grounds for non- consideration or dismissal of my participation in the Intern Program, if I am selected.
- ☐ I understand that, if I am provisionally selected, an Embassy-required security certification is a prerequisite.
- ☐ I consent to the release of information about my ability and fitness for the Intern Program by employers, schools, and law enforcement agencies and other individuals and organizations to Embassy-authorized investigators and personnel.
- ☐ I certify that, to the best of my knowledge, all of my statements are true, complete, and made in good faith.

Signature

Date

YOU MUST INCLUDE:

- ☐ A copy of your school identification card.
- ☐ A copy of your most recent school transcript.
- ☐ Statement of Interest

CONTINUATION SHEET: ADDITIONAL INFORMATION (If applicable)

VOLUNTEER, EMPLOYMENT OR EXPERIENCE (If applicable): Begin with your most recent position and work backwards. Duplicate continuation sheets as needed.

A. NAME AND FULL ADDRESS OF EMPLOYER: _____

B. DATES WORKED (month/day/year): STARTING FROM _____ TO _____

C. TITLE OF YOUR POSITION: _____

D. SALARY OR EARNINGS (Indicate if per week, month, year, etc.): INITIAL

SALARY: _____ per _____ FINAL: _____ per _____

E. NAME, TITLE, AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

F. DESCRIPTION OF WORK (Describe specific duties, responsibilities and accomplishments):

G. NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF EMPLOYEES YOU SUPERVISED _____

H. REASON FOR LEAVING _____

CONTINUATION SHEET: ADDITIONAL INFORMATION (If applicable)

UNIVERSITY/SCHOOL/EDUCATIONAL INSTITUTION: For each institution you have attended, provide the following information in the space below. Begin with your present school and work backwards. Duplicate continuation sheets as necessary. Name and full address of current institution:

Name, title and telephone number of instructor:

Dates Attended (Month/Year) _____

Diploma/Degree/Certificate: _____

Date received: _____

Major Field of Study: _____